

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

APPLICATION FOR A CHANGE TO THE MASSAGE THERAPY SCHOOL LICENSE

Check the appropriate type of change in license for which you are applying:

- ☐ Change in Name **FEE: \$ 10.00**
☐ Change in Location: **FEE: \$100.00**

Print or Type

SECTION A - SCHOOL INFORMATION (All applicants must complete this section)

1	Current Name of School:			
	New Name of School:			
2	Current Address:	Street/PO/Route:		
		City:	State:	Zip:
	New Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			

SECTION B - OWNER/BOARD OF DIRECTORS OF THE SCHOOL (All applicants must complete this section)

Is this a change of Owner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Owner Name:		
2	Address:	Street/PO/Route:	
		City:	State:
		Zip:	
3	Is the Owner licensed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, what profession:		
	License Number:	State in which license is held:	

INDICATE ANY CHANGES BELOW BY PLACING A CHECK MARK IN THE APPROPRIATE BOX:

<input type="checkbox"/>	The curriculum plan which lists all of the subjects offered for completion of the massage therapy course of study - if yes, please submit a revised plan.	
<input type="checkbox"/>	The syllabus for each subject taught, has changed. Check the area of change (in the column to the right) and complete Attachment B1 or you may use your own document to indicate the changes. If no changes to the syllabus/subjects has occurred, you are NOT required to complete Attachment B1.	<input type="checkbox"/> Title of course; <input type="checkbox"/> Instructor's Name; <input type="checkbox"/> Hours associated with each subject; <input type="checkbox"/> Description of course; <input type="checkbox"/> Course objectives; <input type="checkbox"/> Text books and Resource or Supplement References <input type="checkbox"/> Grading System; and <input type="checkbox"/> Week by Week or day by day class schedule.
<input type="checkbox"/>	Staff or school manager – if yes, identify new staff and submit a resume, vita or similar documentation for each;	
<input type="checkbox"/>	The school handbook or school bulletin – if yes, submit a new copy;	
<input type="checkbox"/>	The rules of the school – if yes, submit a new copy;	
<input type="checkbox"/>	The schedule of proposed hours of school operation – if yes, submit the new hours of operation;	

NOTE: Licenses expire November 1st of each odd-numbered year.

www.hhs.state.ne.us/crl/mhcs/mass/schchng.pdf

SECTION C – LICENSED PHYSICIAN (The proposed school must have regularly licensed physician (current license to practice medicine and surgery or Osteopathic Medicine) affiliated with the staff)

Is there a change in licensed physician?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, complete the following information:					
1	Physician's Name:	First:	Middle/MI:	Last:	
2	Address:	Street/PO/Route:			
		City:	State:	Zip:	
3	License Number:	State Licensed In:			
	Type of License:	<input type="checkbox"/> Medicine/Surgery	<input type="checkbox"/> Osteopathic Medicine		

SECTION D – MESSAGE THERAPIST(S) AND MANAGER EMPLOYED BY SCHOOL

Is there a change in instructor(s)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, complete the following information:					
				License Number	State Licensed
1	First:	Middle:	Last:		
2	First:	Middle:	Last:		
3	First:	Middle:	Last:		
4	First:	Middle:	Last:		
5	First:	Middle:	Last:		
Is there a change in Manager?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, complete the following information:					
1	First:	Middle:	Last:		

SECTION E – HOURS OF OPERATION (List below the hours/days the school is open)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SECTION F – ATTESTATION An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that **(THESE QUESTIONS DO NOT APPLY TO A CHANGE OF NAME):**

- ☐ I have not operated at this location in Nebraska prior to this application for licensure; **or**
☐ I have operated at this location prior to this application for licensure:

_____ number of days prior to July 1, 2004

_____ number of days after July 1, 2004

(Signature of Applicant)

_____ date

Complete this attachment only if the curriculum has changed

Massage Therapy Subjects

Name of School: _____

The training offered must include a total of **1,000** hours earned in not less than 9 months. The 1,000 hours must be distributed in the following subject areas:

- A. 300 hours relating to the clinical practice of massage therapy ; and
- B. 100 hours of training in each of the following:
 - physiology
 - massage
 - pathology
 - health service management
 - anatomy
 - hydrotherapy
 - hygiene and practical demonstration

You are required to complete a subject syllabus for each subject taught. We have provided space for the required subjects. You may make additional copies.

Subjects

100 hours in Physiology which may include but is not limited to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Anatomy which may include but is not limited to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, etc.

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Massage which may include but is not limited to history of massage, benefits of massage, physiology of massage, equipment and procedures, psychology of massage, interpersonal client contact, relaxation and visualization, proper draping techniques, general guidelines for massage, principles of body massage, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours of Hydrotherapy which may include but is not limited to history, benefits of water treatment, cryotherapy, body wraps, salt glows, body shampoos, hot packs, steam cabinets, dry brushing, therapeutic modalities, methods of cold application, heat therapy, contrast baths, skin contra-irritants, spas, etc.

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Pathology which may include but is not limited to definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Hygiene (Health wellness) and **Practical Demonstration** which may include but is not limited to physiology of digestion, weight control, herbal therapy, nutrition, food combining, supplementation, wellness, hygiene principles & practices, CPR, first aid, equipment and sanitation, infectious and contagious disease control, various massage therapy techniques and demonstration, hands-on training, student clinic hours, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:

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Text Books and Resource/Supplement References:

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Grading System:

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100 hours in Health Service Management which may include but is not limited to professional ethics, legalities of massage, business practices, promotion, employment opportunities, oral presentations, telephone techniques, marketing plan, sales techniques, resumes, bookkeeping, financial management, insurance coverage, networking, interview techniques, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:

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Text Books and Resource/Supplement References:

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Grading System:

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300 hours relating to the clinical practice of Massage Therapy shall be obtained in subject areas related to the clinical practice of massage therapy - which may includes but is not limited to reflexology, deep tissue massage, Swedish massage, sports massage, pregnancy & infant massage, physiology & psychology of exercise, acupressure therapy, management techniques, stress & practices, hands-on-training, review of Health histories, documentation, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:

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Text Books and Resource/Supplement References:

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Grading System:

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